

STANDARD CERTIFICATE OF DEATH

58-027918

STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 333

Primary Registration District No. 6115 9074

Registrar's No. 130

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Sikeston				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Sikeston 1000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 1				Length of stay in lb 10 yrs.		d. STREET ADDRESS (If outside, give location) Route 1	
3. NAME OF DECEASED (Type or print) First Middle Last Joseph London Ellsworth				4. DATE OF DEATH Month Day Year June 27, 1958			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 15, 1901	
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (Retired)		11. BIRTHPLACE (City and state or country) Dexter, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jesse Lee Ellsworth				13b. MOTHER'S MAIDEN NAME Ida Mae Tipton		14. NAME OF HUSBAND OR WIFE Eunice Ellsworth	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 492-16-7593		17. INFORMANT Address Eunice Ellsworth Sikeston, Mo. R.1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Ischemic heart disease DUE TO (c) 023 X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Takes Dorsalis						INTERVAL BETWEEN ONSET AND DEATH 6 days 20-gus.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from April 56 to June 58 and last saw her alive on June 21, 58 Death occurred at June 27, 58 on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Signature or title) Stephen Parker M.D.				22b. ADDRESS Bloomfield, Mo.		22c. DATE SIGNED 7-8-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6-30-58		23c. NAME OF CEMETERY OR CREMATORY Sand Hill Cemetery		23d. LOCATION (City, town, or county) (State) Auvagne, Ark.	
24. FUNERAL DIRECTOR ADDRESS Watkins & Sons Dexter, Mo.				25. DATE RECD. BY LOCAL REG. 7-11-58		26. REGISTRAR'S SIGNATURE Mr. E. L. Hunter	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

CO. FILE NO. 758175
SCOTT CO. HEALTH DEPT.
DATE RECEIVED 7-14-58

SCOTT CO. HEALTH DEPT.

CO. FILE NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4717

P. O. Address Dexter Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.